California Department of Mental Health

Mental Health Services Act
TECHNOLOGY

Statewide Conference Call

May 10th, 2007
1:30 pm – 3:00 pm

Call-in Number
1-866-296-6505

Verbal Pass code: MHSA

TTY 1-800-735-2929

MHSA Technology Statewide Call
Agenda

1:30	**Overview of Call and Purpose**	**Bobbie Wunsch – Facilitator**
1:35	**MHSA Funding Overview**	**Gary Renslo / Lori Hack**
1:40	**Questions**	
1:50	**MHSA Draft Proposed Guidelines**	**Gary Renslo**
	Goals and Framework	**Stephanie Oprendek, Ph.D.**
	Plan Evaluation Criteria	
	Planning and Funding Process	
	Required Documentation	
2:15	**Input and Questions**	
2:30	**Integrated Information System Plan**	**Lori Hack / Gary Renslo**
2:45	**Input and Questions**	

MHSA Funding Overview

MHSA Funding Overview

- Total estimated Capital Facilities and Technological funding is $597 million.

- Distribution made on cash collections, not estimates.

MHSA Funding Overview
Funding Distribution

FY 04/05	
45%	Education and Training
45%	**Capital Facilities & Technology**
5%	Local Planning
5%	State Admin

FY 05/06-08/09	
55%	Community Services and Supports (CSS) - Including 5% for Innovation
20%	Prevention and Early Intervention (5% for Innovation)
10%	Education and Training
10%	**Capital Facilities & Technology**
5%	State Admin

MHSA Funding Overview
MHSA One-Time CSS System Improvements

- **Requests to date for MHSA CSS One-Time IT Funds:**

  - **Approved through 5-1-07:**
    - **18 Counties' requests for 32 projects ($11,214,396)**
  - **Reviewing:**
    - **9 Counties' requests for 10 projects ($13,298,212)**

Approved
(# of Requests)
Butte(1)
Del Norte(1)
Glenn(1)
Humboldt(1)
Lake(1)
Lassen(1)
Los Angeles(2)
Mendocino(1)
Merced(1)
Mono(1)
Napa(1)
Orange(1)
San Benito(1)
San Bernardino(5)
San Francisco(6)
San Luis Obispo(2)
Shasta(3)
Tulare(2)

Reviewing
(# of Requests)
Imperial(1)
Inyo(1)
Monterey(1)
Placer(1)
Riverside(1)
Sacramento(2)
San Bernardino(1)
San Diego(1)
Tuolumne(1)

Questions

MHSA Draft Proposed Guidelines Technology Component

Overview and Benefits

- Technology provides an opportunity to improve health care quality and reduce health care spending on administration and corrective action by facilitating the secure capture, exchange and utilization of clinical, financial, and administrative information for integrated service delivery.

- Consumers and families would benefit from improved access to timely and accurate health and wellness information. In addition, technology would allow service providers to benefit from more timely and accurate information about clients' health status, health history, and "best treatment" options.

- Public administrators would benefit from access to clinical information on treatment and service delivery trends and consumers' outcomes across the spectrum of care delivery.

Mental Health Technology Goal

To transform the county mental health technology systems into an accessible, interoperable, comprehensive information network (Integrated Information System Infrastructure) that can:

- **Modernize and Transform** clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness

- Increase **Consumer and Family Empowerment** by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings

Modernize and Transform

Modernize and Transform Information Systems allowing:

- A "standards based" Integrated Information Systems Infrastructure built on the Electronic Health Record (EHR)

- Counties to securely access and exchange information

- Clients and Families to securely access information

- Assessment of current and future technology readiness and workflow analysis completed

Modernize and Transform
Electronic Health Record (EHR)

The Electronic Health Record (EHR) System is the foundation for an Integrated Information Systems Infrastructure.

- A secure, real-time, point-of-care, client centric, information resource for service providers.

- Aids decision-making by providing access to health record information where and when they need it and by incorporating evidence-based decision support.

- Automates and streamlines the service provider's workflow, closing loops in communication and response that result in delays or gaps in care.

- Also supports the collection of data for uses other than direct clinical care, such as billing, quality management, outcomes reporting and resource planning.

Modernize and Transform EHR - Standards

The ability to share timely, accurate and secure access to the client's health and healthcare information is possible with the use of technologies that use uniform standards**.**

Functional	I**nteroperability**	**Access and Security**
CCHIT	**Connectivity**	**Access**
User Friendly Interface	(XML,SAML,SOAP)	**Privacy**
Vendor Commitment	**Language** (ICD-9, SNOMED, LOINC, CA Cost Reporting)	**Security** **Auditing** **Authentication**

These minimum standards, which will be promulgated in forthcoming **regulations**, will be modified periodically to achieve a statewide, fully integrated information system infrastructure. DMH will establish an **advisory body** comprised of state staff, industry experts, county and contract providers, consultants, consumers and family to review and recommend the design and implementation of the statewide integrated information systems infrastructure.

Consumer and Family Empowerment

Increase Consumer and Family Empowerment by:

Providing Access to Computing Resources

- Computer resources should include computer hardware, software, and broadband internet connectivity.

- The placement of equipment in a convenient and secure physical environment is essential.

- Computer literacy training must be addressed to allow consumers the ability to utilize all available information.

- Timely and simple methods for consumers to get technical support and information about privacy and security.

Funding Evaluation – Project Types

Project Examples:

- Electronic Health Record (EHR) System Projects
- Consumer / Family Access to Computing Resources Projects
    - Personal Health Record (PHR) System Projects
    - Expansion / Leveraging Network of Care
- Other Technology Projects
    - Tele-medicine and other rural / underserved service access methods
    - Pilot projects to monitor new programs and service outcome improvement
    - Decision Support / Data Warehousing Projects
    - Imaging / Paper Conversion Projects

Funding Evaluation – Required Documentation

- Counties must provide DMH with a "Roadmap" to achieving an integrated information systems infrastructure through an EHR.

- County Technology Plans must provide DMH with a Technology Program Assessment in sufficient level of detail to describe the underlying assumptions, current technology environment, project management plan and budget to accomplish the proposed plan. The plan will be evaluated using four (4) templates.

- All projects will be evaluated on a case-by-case basis.

Funding Evaluation - **Roadmap**

"Roadmap" for Achieving an Integrated Information Systems Infrastructure through EHR

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An inventory of current systems

A work plan, schedule and approach

Cost estimates

Approach to meeting current minimum standards and commitment to meeting future standards

Funding Evaluation - Templates

Template #1 - Face Sheet

Signed Commitment to Goals of MHSA and DMH Technology

Template #2 - Technology Program Assessment Report

- Comprehensive Assessment of Proposed Expenditures
- Strategic Plan / Roadmap / California External Quality Review Organization (CAEQRO)
- Project management
- Project description / Hardware / Software
- Security
- Training
- Interagency considerations

Template #3 - Budget based on Planned Expenditures

- Hardware / Software / Consulting / Staff / Training

Template #4 - Quarterly Status Reporting

Local Planning Process

- Counties should focus upon getting additional input from any new stakeholders with expertise in this subject area.

- Consistent with MHSA statutory requirements (Welfare and Institutions Code Sections 5848(a) and (b)) each **County Plan shall be developed with local stakeholders** and made available in draft form and circulated for review and comment for at **least 30 days** to representatives of stakeholder interests and any interested party who has requested a copy of the plan. Section 5848, subdivision (b) of the MHSA requires the mental health board to hold a **public hearing** for all plans and annual updates.

- The county shall **post** a summary and analysis of any substantive **revisions** made as a result of stakeholder input.

- As noted in DMH **Letter 06-13**, funds are available for planning and assessment consultants to assist in the planning process.

Plan Funding

- The **maximum amount** of Capital Facilities and Technology funding available to each county will be provided by DMH with the final guidelines. Counties may request less than their maximum funding total.

- Technology projects that benefit more than mental health must include revenues from other funding sources so that the **net cost** to the MHSA is reflective of the benefit received by mental health.

- The county shall use a reasonable allocation approach to determine the **share of a project's cost** related to the MHSA, such as percent of total transactions or the number of clients served within programs (e.g. Mental Health clients versus Alcohol and Drug Program clients).

- The county must also comply with Welfare and Institutions Code Section 5891 addressing county obligations regarding **non-supplantation.**

Plan Timeline

- ## Technology Plan Guidelines: June 2007
    - DMH will develop the first draft for stakeholder input by May 2007
    - DMH will hold stakeholder input call on May 10, 2007
        - Final input needed by May 18, 2007
    - DMH will update the draft with comments from CMHDA, each sub-group in Technology and all other stakeholders in May 2007
    - DMH will revise draft and make the final plan requirements available in June 2007
- ## Earliest Local Plans Submitted: September 2007
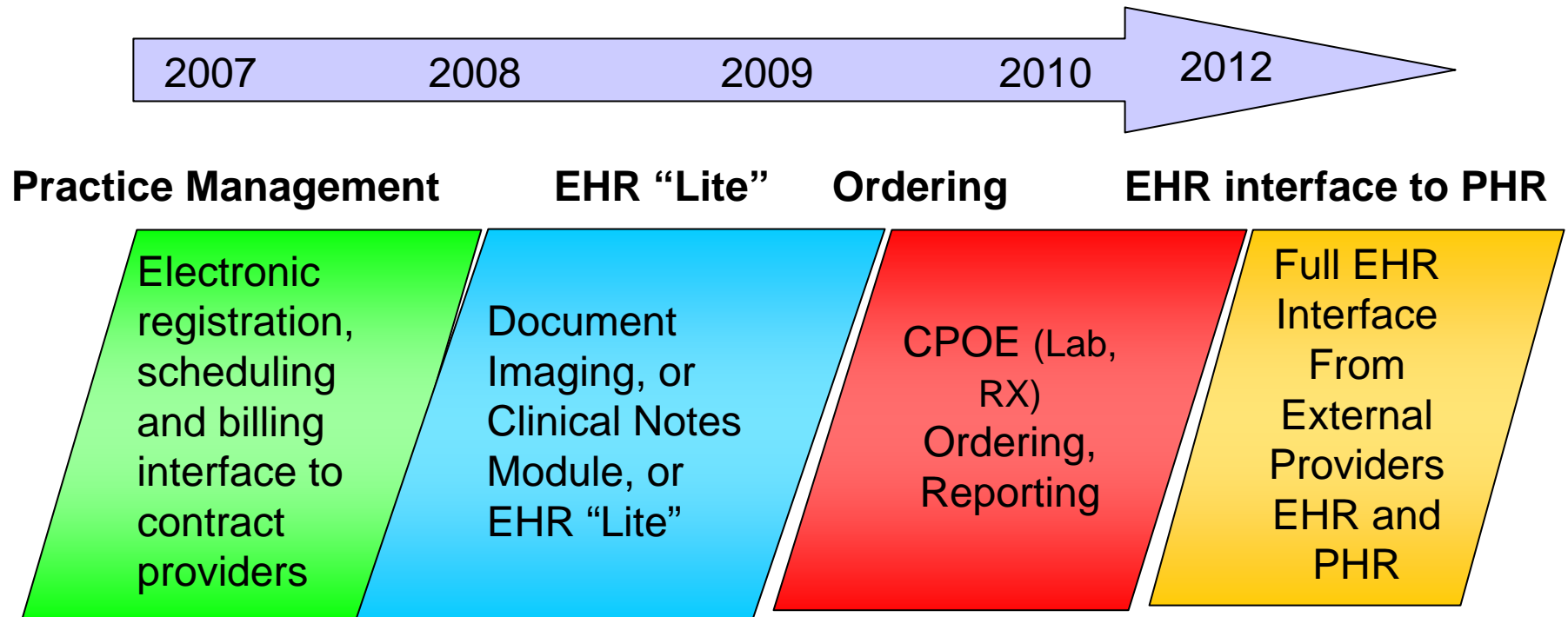- ## Earliest Plan Review and Approval: November 2007

Input and Questions

Integrated Information System Plan

Path to an Integrated Information System Infrastructure

Baseline assessment conducted prior to implementation

2007   2008   2009   2010   2012

Practice Management   **EHR "Lite"**   **Ordering**   **EHR interface to PHR**

| Electronic registration, scheduling and billing interface to contract providers | Document Imaging, or Clinical Notes Module, or EHR "Lite" | CPOE (Lab, RX) Ordering, Reporting | Full EHR Interface From External Providers EHR and PHR |

Current Efforts - Requests for Information (RFIs)

State of the County Analysis to be Conducted by DMH

- **Level 1: Review:**
  - What the counties have in place:
    - Technology/Planning/ Scope/Funding
  - What are the counties planning on doing:
    - Current capabilities, Installation plans, Phases
- **Level 2: Stakeholder Involvement and Roll-out**
  - How big is the task:
    - How many clinics? How many providers?
    - What technologies do the providers have?
    - What planning is in place to include providers?

Requests for Information (RFIs) - EHR

The EHR System RFI

- To assist the Counties in understanding the technologies available from various vendors to support consumers in achieving their goals, as well as administrative process improvements

- To share the results of the vendor responses for functionality and the benefits of EHR implementations for planning purposes

- To determine vendors capable of providing EHR systems that meet the California minimum requirements (includes national standards) as outlined in the three year plan and local needs

EHR - Timeline

- ## EHR RFI Results: October 2007

  - Stakeholder Process to develop RFI: July 2007
  - Post RFI: August 2007
  - Vendor Demonstrations: August 2007
  - Vendor Information Submissions: August 2007
  - Develop Vendor Evaluation Sheet: October 2007

- Develop EHR/HIE Technical Standards Document to be updated periodically: November 2007

Requests for Information (RFIs) - HIE

The Health Information Exchange (HIE) RFI

Determine vendors capable of providing interoperability between counties, state departments and other entities based on:

- Continuity of Care Record / Clinical Document Architecture

- Master Patient Index / Record Locator Service

- Personal Health Record – "My Health Folder"

- Required Administrative Functions

HIE Timeline

- HIE RFI Results: May 2008
  - Stakeholder Process to develop RFI: October 2007
  - Post RFI: December 2007
  - Vendor Discussions: January 2008
  - Vendor Information Submissions: February 2008
  - Develop Vendor Evaluation: May 2008

- Develop HIE Implementation Plan: July 2008

Input and Questions

Contacts

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